

Drane LP

Fill in this information to identify the case:

Debtor 1 NATALIE SCARDINO
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of NEW JERSEY
(State)

Case number: 19-27314 JKS

FILED
NEWARK, NJ

2021 JAN 25 PM 3:01

JEANNE A. NAUGHTON

BY: [Signature]
CLERK

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: 11,850.00

Claimant's Name: NATALIE SCARDINO

Claimant's Current Mailing Address, Telephone Number, and Email Address:

654 ROTGENS' PL. (Cell)
PANAMUS NJ. 07652 201-906-0767
NATSCARDINO64@GMAIL.COM

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

NEW JERSEY
CLERK OF COURT
JAN 29 2021

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

4. Notice to United States Attorney
- ☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of _____
[Court enters address here]

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: JAN 20, 2021

Natalie Scardino
Signature of Applicant

NATALIE SCARDINO
Printed Name of Applicant

Address: 654 NOTERS PL.
PANAMUS NJ 07652

Telephone: 201-906-0767

Email: NATSCARDINO64@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF New Jersey
COUNTY OF Bergen

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this 20 day of January, 2021 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Amy Finley

My commission expires:

AMY FINLEY
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JANUARY 23, 2025

6. Notarization

STATE OF _____
COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:

N. SCARDINO
654 NOTAS
PARANUS ID.
07652

7020 0090 0000 4334 7694



1000



07102

U.S. POSTAGE PAID
FOM LETTER
LODI, NJ
07644
JAN 21 21
AMOUNT
\$4.10
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RETURNED

Whitcomb States Manufacturing Co.
Attention: Luther Kling L. Federal Bldg.
attn: Financial Dept
50 Walnut St.
P.O. Box 1352
Whitcomb States Manufacturing Co.
Whitcomb States Manufacturing Co.